

Generalized Tuberculous Gumma

An underweight, 8-year-old boy presented with painless ulcer on the left retro-auricular region with an undermined edge, pale granulation tissue on the floor and surrounding bluish hue. Two painless ulcers were also present on dorsum of right foot (**Fig. 1**). Initially the lesions were firm, erythematous, non-tender nodules which softened to become abscess and broke down to form ulcers over two months. Systemic examination revealed no abnormalities. Investigations revealed anemia (hemoglobin 7 g/dL), high ESR (60 mm), and a positive mantoux test (20mm). VDRL and ELISA for HIV were not contributory. The X-ray chest and of local part were normal. Aspiration cytology from the ulcer was negative for acid fast bacilli, fungal elements and anaerobic organisms. Histopathology of the lesion showed granuloma with widespread caseation necrosis. Anti-tubercular therapy with four drugs regimen was started and he had remarkable improvement with healing of ulcers and weight-gain.

Tubercular gumma is a rare (1-2%) form of cutaneous tuberculosis caused by hematogenous dissemination. Presence of tubercles with widespread caseation necrosis is diagnostic on histopathology. Clinically, it is difficult to differentiate from syphilitic gumma, pyoderma gangrenosum, atypical mycobacterial lesion and subcutaneous fungal infections. It should be confirmed by histopathology and culture. Pyoderma gangrenosum has a rapidly progressive course with a invariably painful



Fig.1 Multiple deep seated ulcers with undermined edge on the dorsum of the right foot (A), and left retro auricular area (B); Highly reactive mantoux test (C).

ulcer. Pathergy phenomena is positive and histopathology shows neutrophilic inflammation and necrosis. There is a tendency for central necrosis and ulceration with peripheral healing and tissue paper scrapping in syphilitic gumma. Subcutaneous mycoses is diagnosed by direct microscopic examination with KOH, histopathology with special stains (PAS, Gomori, Grocott) and fungal culture.

In this part of the subcontinent the tubercular gumma should be the first clinical differential diagnosis with this type of presentation.

**MRUTUNJAYA DASH, RACHITA SARANGI AND
MAITREYEE PANDA**

*IMS and SUM Hospital, Kalinga Nagar, BBSR-3, Orissa.
m.dash74@gmail.com*

BOOK REVIEW



Principles of Assessment in Medical Education

TEJINDER SINGH AND ANSHU
*Jaypee Brothers; New Delhi; 2012
Pages: 266, Price: Rs. 295/-.*

Of the many activities that medical teachers are entrusted, nothing is perhaps more important and impactful than assessment. This book covers a broad range of topics from basic principles to more hands-on practical topics. The book is divided into 23 chapters, which are organized in a logical seamless manner. Most chapters contain adequate and easy-to-understand examples. References are

appropriate and there is a very exhaustive compilation of online resources on assessment.

This is a book written by medical teachers for medical teachers. It brings contextual relevance, merges theories with practical advices, and keeps the message simple. The writing is lucid with optimum take-home messages. This book is useful to anyone who is involved in assessment in medical education. The book should be an essential reading for faculty development in medical education.

ZUBAIR AMIN, Associate Professor,
*Department of Pediatrics, National University of
Singapore, Consultant, Dept of Neonatology,
National University Hospital,
Singapore; paeza@nus.edu.sg*